

NOVEMBER 1975

FIFTEENTH YEAR — No. 176

international review of the red cross



INTER ARMA CARITAS

**PROPERTY OF U.S. ARMY
THE JUDGE ADVOCATE GENERAL'S SCHOOL
LIBRARY**

**GENEVA
INTERNATIONAL COMMITTEE OF THE RED CROSS
FOUNDED IN 1863**

INTERNATIONAL COMMITTEE OF THE RED CROSS

- Mr. ERIC MARTIN, Doctor of Medicine, Honorary Professor of the University of Geneva, *President* (member since 1973)
- Mr. JEAN PICTET, Doctor of Laws, Chairman of the Legal Commission, Associate Professor at the University of Geneva, *Vice-President* (1967)
- Mr. HARALD HUBER, Doctor of Laws, Federal Court Judge, *Vice-President* (1969)
- Mr. HANS BACHMANN, Doctor of Laws, Director of Finance of Winterthur (1958)
- Mrs. DENISE BINDSCHEDLER-ROBERT, Doctor of Laws, Professor at the Graduate Institute of International Studies, Geneva, Judge at the European Court of Human Rights (1967)
- Mr. MARCEL A. NAVILLE, Master of Arts, ICRC President from 1969 to 1973 (1967)
- Mr. JACQUES F. DE ROUGEMONT, Doctor of Medicine (1967)
- Mr. ROGER GALLOPIN, Doctor of Laws, former ICRC Director-General (1967)
- Mr. WALDEMAR JUCKER, Doctor of Laws, Secretary, Union syndicale suisse (1967)
- Mr. VICTOR H. UMBRICHT, Doctor of Laws, Managing Director (1970)
- Mr. PIERRE MICHELI, Bachelor of Laws, former Ambassador (1971)
- Mr. GILBERT ETIENNE, Professor at the Graduate Institute of International Studies and at the Institut d'études du développement, Geneva (1973)
- Mr. ULRICH MIDDENDORP, Doctor of Medicine, head of surgical department of the Cantonal Hospital, Winterthur (1973)
- Mrs. MARION BOVÉE-ROTHENBACH, Master of Social Work (University of Michigan), Reader at the Ecole des Sciences sociales et politiques of the University of Lausanne (1973)
- Mr. HANS PETER TSCHUDI, Doctor of Laws, former Swiss Federal Councillor (1973)
- Mr. HENRY HUGUENIN, Bank Manager (1974)
- Mr. GOTTFRIED DE SMIT, Managing Director (1974)
- Mr. JAKOB BURCKHARDT, Doctor of Laws, Minister Plenipotentiary, Chairman of the Council of Federal Polytechnic Schools (1975)
- Mr. THOMAS FLEINER, Master of Laws, Professor at the University of Fribourg (1975)
- Mr. ALEXANDRE HAY, Lawyer, Director-General of the Swiss National Bank (1975)
- Mr. HERBERT LÜTHY, Professor of History at the University of Basle (1975)

Honorary members: Mr. JACQUES CHENEVIÈRE, *Honorary Vice-President*;
Miss LUCIE ODIER, *Honorary Vice-President*; Messrs. GUILLAUME BORDIER,
PAUL CARRY, Mrs. MARGUERITE GAUTIER-VAN BERCHEM,
Messrs. ADOLPHE GRAEDEL, ÉDOUARD DE HALLER,
RODOLFO OLGATI, MAX PETITPIERRE, PAUL RUEGGER,
DIETRICH SCHINDLER, FRÉDÉRIC SIORDET, ALFREDO VANNOTTI.

EXECUTIVE BOARD

- Mr. ROGER GALLOPIN, *President*
Mr. VICTOR H. UMBRICHT, *Vice-President*
Mrs. DENISE BINDSCHEDLER-ROBERT
Mr. GILBERT ETIENNE
Dr. ULRICH MIDDENDORP
Mr. JEAN PICTET
Mr. GOTTFRIED DE SMIT
Mr. PIERRE MICHELI, *Deputy member*
-

CONTENTS

INTERNATIONAL
COMMITTEE OF
THE RED CROSS

IN THE RED CROSS
WORLD

MISCELLANEOUS

BOOKS AND REVIEWS

INTERNATIONAL REVIEW
OF THE RED CROSS

NOVEMBER 1975 - No. 176

Fiftieth Anniversary of the Geneva Protocol . . . 551

External activities :

Africa — Latin America — Asia and Oceania —
Europe — Middle East 558

In Geneva :

New Member of the International Committee . . 567

*

Information and ICRC 568

Canada 571
Basic health care for everyone 573

Second Round Table and Current Problems on
International Humanitarian Law 576
The Prevention of Crime and the Fight against
Criminality 578
In memory of Physician General Voncken . . . 580
The philosophy of Max Huber 582
Humanitarian action and national sovereignty. . 586
Amnesty International Council Meeting 588
Spiritual assistance and international humani-
tarian law 589
The nurse's activity 592

. 597

**FRENCH EDITION
OF THE REVIEW**

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical with the English edition and may be obtained under the same conditions.

**EXTRACTS FROM
THE REVIEW**

SPANISH

Diez años de actividad del Instituto Henry-Dunant

GERMAN

Delegierter des IKRK — Neues Mitglied des IKRK — Schulhandbuch und Soldatenhandbuch — Neubewertung der Rolle des Roten Kreuzes.

**INTERNATIONAL
REVIEW OF
THE RED CROSS**

*The International Review is published each month by the
International Committee of the Red Cross*

17, avenue de la Paix, 1211 Geneva, Switzerland
Postal Cheque No. 12 - 1767.

Annual subscription: Sw. Fr. 30.— (\$10.—)
Single copy Sw. Fr. 3.— (\$1.—)

EDITOR: J.-G. LOSSIER

The International Committee of the Red Cross assumes responsibility only for material over its own signature.

Fiftieth Anniversary of the Geneva Protocol

This year marks the fiftieth anniversary of the signing of the Geneva Protocol of June 17, 1925 for the Prohibition of the Use in War of Asphyxiating, Poisonous or other Gases and of Bacteriological Methods of Warfare. This Protocol—which has been referred to in several issues of International Review¹—is generally considered to be the expression of the revulsion with which public opinion has at all times reacted towards poison. This general view has led a large number of governments and publicists to draw the conclusion that the norms contained in the 1925 Geneva Protocol represent a codification of customary law.

In spite of this view being extensively shared throughout the world and although some States are parties to other international instruments governing, at least partially, the same matter,² the International Committee of the Red Cross considers it highly desirable that States not having acceded to the Geneva Protocol should join the ranks of those who have done so and thereby secure its universality.

Pending the preparation of a fuller set of rules regarding the weapons referred to in the Geneva Protocol, the International Committee believes that priority should be given to the formal accession by all States to this Protocol and urges the withdrawal of the reservations some of them have made to it; if such steps were to be taken, they would in fact constitute pledges of goodwill for subsequent stages.

¹ See, in particular, the issues of November 1952, February 1967, June 1970 and March 1975.

² For instance, the Hague Regulations of 1899 and 1907 respecting the laws and customs of war on land, and the 1972 Convention on the prohibition of the development, production and stockpiling of bacteriological (biological) and toxic weapons and their destruction.

It is in this spirit that the President of the ICRC, on 4 November 1975, sent the Ministers for Foreign Affairs of those States not yet parties to the Protocol a communication which we reproduce below, together with the tables of data mentioned in the appeal.

The Protocol for the prohibition of the use in war of asphyxiating, poisonous or other gases, and of bacteriological methods of warfare, was signed in Geneva fifty years ago on 17 June 1925.

This Protocol, the fruit of lengthy negotiations, reflected the public revulsion against the use of gas as a means of warfare during the first world war.

Since 1918, the International Committee of the Red Cross had unceasingly pursued its efforts with a view to the prohibition of the use of poisonous gases in war. In later years, it has continually encouraged all States to accede to the Geneva Protocol.

On several occasions, the wish that all States should formally accede to the Protocol has been expressed also by International Conferences of the Red Cross and by the United Nations General Assembly.

Even though it is acknowledged that the rules of the Geneva Protocol are the expression of customary law and are consequently binding on all States, the International Committee of the Red Cross considers that formal accession by States which are not yet parties to the Protocol would reinforce the authority of that instrument.

The International Committee therefore calls upon all States which have not ratified or have not acceded to the Protocol to consider the feasibility of doing so.

The International Committee of the Red Cross earnestly hopes that your Government will look with favour on the formal accession of your country to the Protocol, of which France is the depositary. Kindly find enclosed herewith various tables drawn up on 15 September 1975 by the depositary of the Protocol.

* * *

**PROTOCOL FOR THE PROHIBITION OF THE USE IN WAR
OF ASPHYXIATING, POISONOUS OR OTHER GASES, AND
OF BACTERIOLOGICAL METHODS OF WARFARE
SIGNED AT GENEVA, 17 JUNE 1925**

Table I
Signatures and Ratifications

<i>Signatories</i>	<i>Deposit of Ratification</i>	<i>Remarks</i>
Austria	9. 5.1928	
Belgium	4.12.1928	R ¹
Brazil	28. 8.1970	
British Empire	9. 4.1930	R
Bulgaria	7. 3.1934	R
Canada	6. 5.1930	R
Chile	2. 7.1935	R
Czechoslovakia	16. 8.1938	R
Denmark	5. 5.1930	
Egypt	6.12.1928	
El Salvador		
Estonia	28. 8.1931	
Ethiopia		See Table II
Finland	26. 6.1929	
France	10. 5.1926	R
Germany	25. 4.1929	
Greece	30. 5.1931	
India	9. 4.1930	R
Italy	3. 4.1928	
Japan	21. 5.1970	
Latvia	3. 6.1931	
Lithuania	15. 6.1933	
Luxembourg	1. 9.1936	
Netherlands ²	31.10.1930	R
Nicaragua		
Norway	27. 7.1932	

¹ R = Reservation

² Including the Netherlands East Indies, Surinam and Curaçao.

Poland	4. 2.1929	
Portugal	1. 7.1930	R
Romania	23. 8.1929	R
Kingdom of the Serbs, Croats and Slovenes	12. 4.1929	R
Siam	6. 6.1931	
Spain	22. 8.1929	R
Sweden	25. 4.1930	
Switzerland	12. 7.1932	
Turkey	5.10.1929	
United States	10. 4.1975	R
Uruguay		
Venezuela	8. 2.1928	

Table II
Notifications of Accession

<i>Governments</i>	<i>Notification by the French Government</i>	<i>Remarks</i>
Liberia	17. 6.1927	
U.S.S.R.	15. 4.1928	R
China	24. 8.1929	See Table III, 1
Iran	5.11.1929	
South Africa	24. 5.1930	R
Australia	24. 5.1930	R
New Zealand	24. 5.1930	R
Ireland	29. 8.1930	R
Iraq	8. 9.1931	R
Mexico	28. 5.1932	
Paraguay	22.10.1933	
Ethiopia	20. 9.1935	
Hungary	11.10.1952	
Ceylon	20. 1.1954	
Pakistan	9. 6.1960	See Table III, 2
Tanganyika	22. 4.1963	
Rwanda	25. 6.1964	See Table III, 3
Uganda	24. 5.1965	
Cuba	24. 6.1966	
Holy See	18.10.1966	

Gambia	16.11.1966	See Table III, 4
Cyprus	12.12.1966	See Table III, 5
Monaco	6. 1.1967	
Maldiv Islands	6. 1.1967	See Table III, 6
Sierra Leone	20. 3.1967	
Niger	19. 4.1967	See Table III, 7
Ghana	3. 5.1967	
Tunisia	12. 7.1967	
Malagasy Republic	2. 8.1967	
Iceland	2.11.1967	
Nigeria	15.10.1968	R
Mongolia	6.12.1968	R
Syria	17.12.1968	R
Israel	20. 2.1969	R
Lebanon	17. 4.1969	
Nepal	9. 5.1969	
Argentina	12. 5.1969	
Kenya	6. 7.1970	
Ivory Coast	27. 7.1970	
Jamaica	31. 7.1970	See Table III, 9
Central African Republic	31. 7.1970	
Malawi	14. 9.1970	
Ecuador	16. 9.1970	
Morocco	13.10.1970	
Malta	15.10.1970	See Table III, 10
Trinidad and Tobago	30.11.1970	See Table III, 11
Panama	4.12.1970	
Dominican Republic	8.12.1970	
Malaysia	10.12.1970	
Mauritius	8. 1.1971	See Table III, 12
Indonesia	26. 1.1971	See Table III, 13
Saudi Arabia	27. 1.1971	
Upper Volta	3. 3.1971	
Yemen Arab Republic	17. 3.1971	
Togo	5. 4.1971	
Tonga	28. 7.1971	See Table III, 14
Kuwait	15.12.1971	R
Libya	29.12.1971	R
Lesotho	15. 3.1972	See Table III, 15
Fiji	28. 3.1973	See Table III, 16; R
Philippines	8. 6.1973	

Table III

Declarations

1. In a declaration dated 13 July 1952, received on 16 July 1952, the *People's Republic of China* recognized the accession to the Protocol made in the name of China in 1929 (R).
2. In a note dated 13 April 1960, received on 15 April 1960, *Pakistan* declared itself a Party to the Protocol under the terms of Paragraph 4 of the Annex to the Indian Independence Act of 1947.
3. In a declaration dated 21 March 1964, received on 11 May 1964, *Rwanda* recognized its adhesion to the Protocol, which had been given effect by Belgium.
4. In a declaration dated 11 October 1966, received on 5 November 1966, *Gambia* confirmed its participation in the Protocol, which had been given effect by Great Britain.
5. In a note dated 21 November 1966, received on 29 November 1966, *Cyprus* declared itself bound by the Protocol to which the British Empire had given effect.
6. In a declaration dated 19 December 1966, received on 27 December 1966, the *Maldiv Islands* confirmed their adhesion to the Protocol.
7. In a letter dated 18 March 1967, received on 5 April 1967, *Niger* declared itself bound by France's accession to the Protocol.
8. A document declaring the renewed application of the Protocol by the *German Democratic Republic* was forwarded to the Ministry of Foreign Affairs by the Czechoslovak Embassy on 2 March 1959.
9. In a declaration dated 25 June 1970, received on 28 July 1970, *Jamaica* confirmed its participation in the Protocol, to which effect had been given by the United Kingdom.
10. In a declaration dated 25 September 1970, received on 9 October 1970, *Malta* confirmed its participation, effective as of 21 September 1964, to the Protocol which had been made applicable to it by the United Kingdom.
11. In a declaration dated 9 October 1970, received on 24 November 1970, *Trinidad and Tobago* confirmed their participation in the Protocol which had been made applicable throughout the British Empire.
12. In a declaration dated 27 November 1970, received on 23 December 1970, the Government of the Island of *Mauritius* stated that it considered itself bound by the Protocol as from 12 March 1968, the date of Mauritius' accession to independence.

13. In a note received on 21 January 1971, *Indonesia* confirmed its acceptance of the Protocol which had been ratified in its name by the Kingdom of the Netherlands on 31 October 1930.
 14. In a declaration dated 22 June 1971, received on 19 July 1971, *Tonga* stated that it considered itself bound by the Protocol by the signature given by the United Kingdom and in conformity with the rules of international law.
 15. In a declaration dated 10 February 1972, received on 10 March 1972, *Lesotho* declared itself bound by the Protocol which had been made applicable throughout the British Empire.
 16. In a declaration dated 26 January 1973, received on 21 March 1973, the Government of *Fiji* confirmed that the provisions of the Protocol were applicable to it in virtue of the ratification of the Protocol by the United Kingdom.
-

INTERNATIONAL COMMITTEE OF THE RED CROSS

EXTERNAL ACTIVITIES

Africa

Angola

The ICRC continued its work in Angola, protecting and helping the civilian and military victims of the conflict.¹

In the second half of September, the thirty ICRC doctors and delegates visited more than a thousand followers of all parties to the conflict who were either prisoners of the three liberation movements (MPLA, UNITA, FNLA) or under the protection of the Portuguese armed forces. The delegates spoke without witnesses to prisoners of their choice, delivered family messages and provided relief supplies.

In several flights by the DC-6, made available to the ICRC by the Swiss Government, 899 people—including 384 released prisoners—were transferred under ICRC auspices.

Since the start of its work in Angola, the ICRC has provided about 150 tons of medicines, surgical supplies, blankets, foodstuffs, and other relief goods to a value of 800,000 Swiss francs. The DC-6 has conveyed 650 wounded, sick or elderly people, expectant mothers and other persons, and also several hundred family messages.

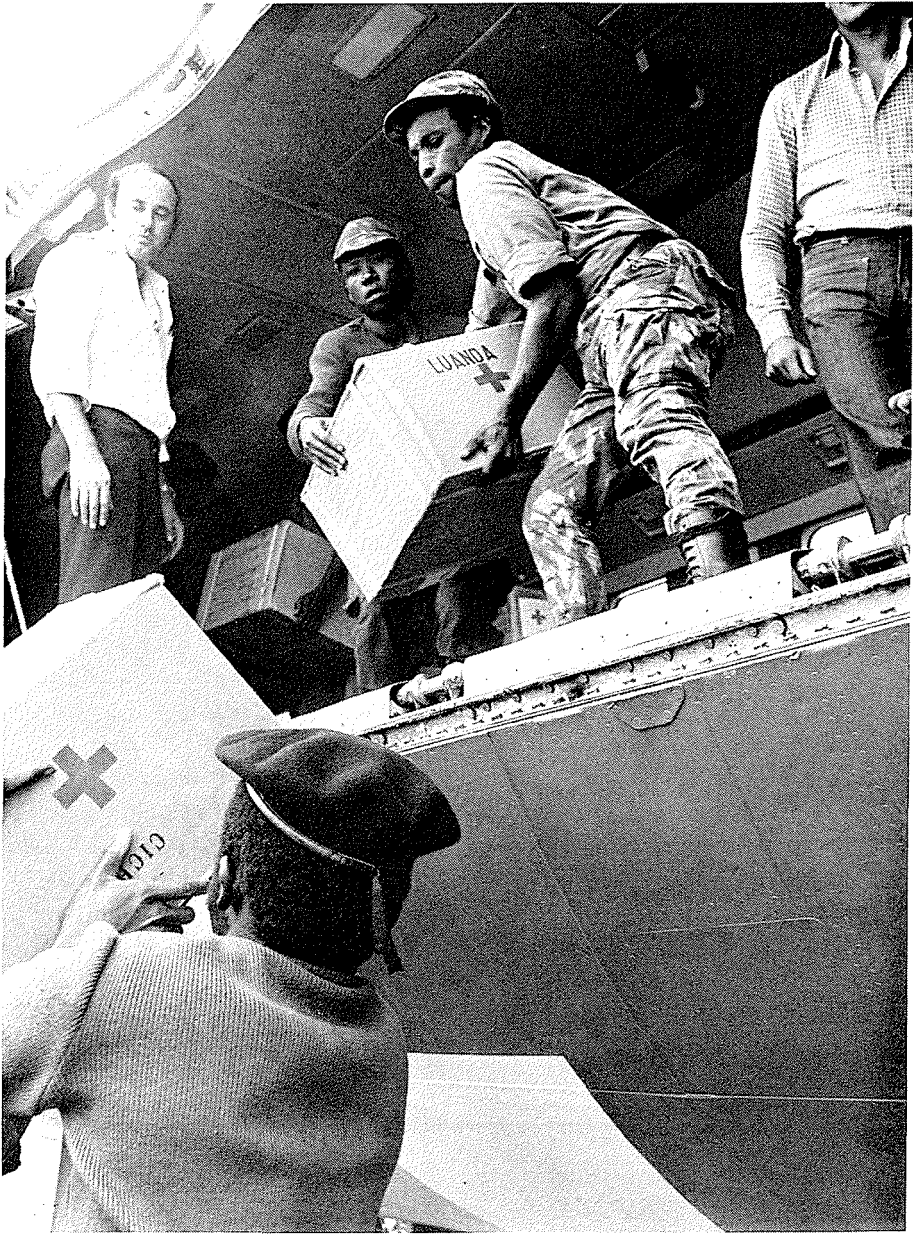
Guinea-Bissau

The ICRC regional delegate for West and Central Africa went on 15 October to Guinea-Bissau and stayed there for four days. This was the first time that a representative of the ICRC paid a visit to Guinea-Bissau since it became independent.

The ICRC delegate had talks with a number of government officials, in particular with the Commissioners for foreign affairs, justice and population, and with the Secretary-General of the Commissariat for health and social affairs. The talks centered on the formation of a National Red Cross Society and on the ICRC's activities throughout the world on behalf of conflict victims and political detainees.

¹ *Plate.*

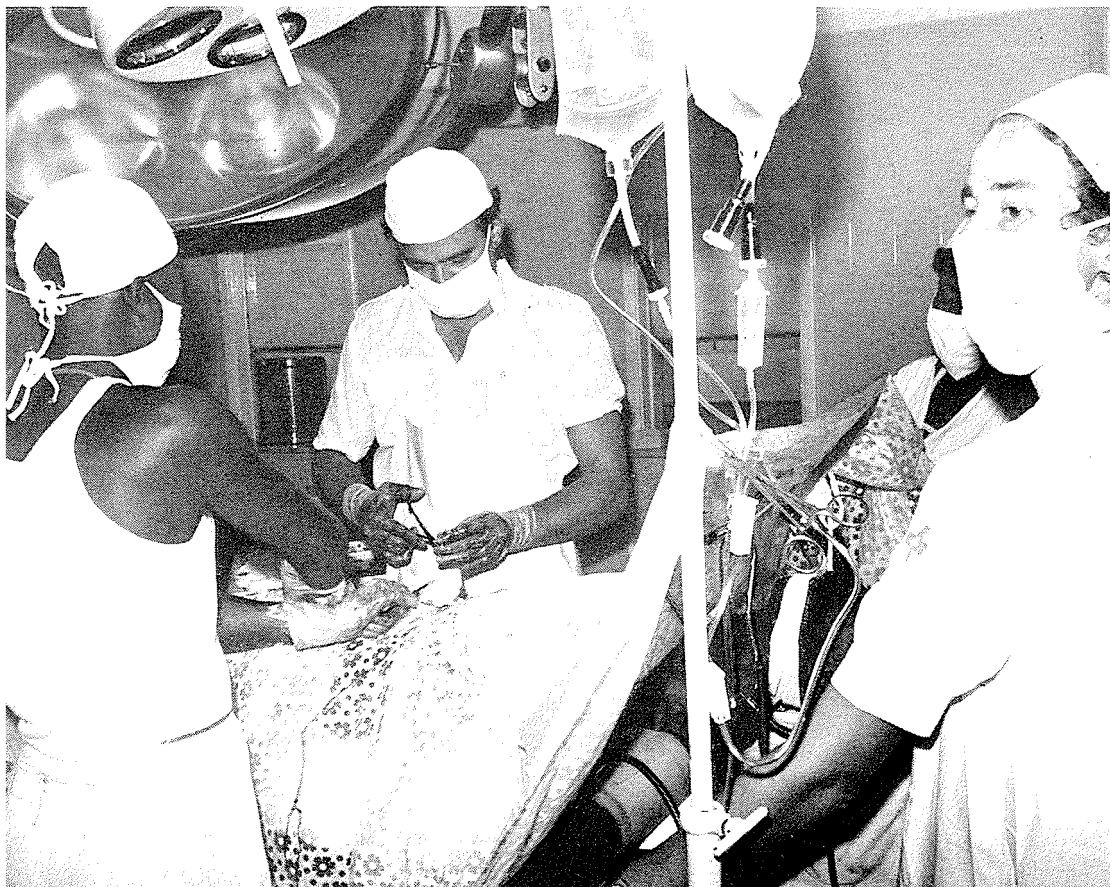
ANGOLA



On the airstrip at Carmona, relief supplies sent by the ICRC being unloaded from the ICRC aircraft.

Photo Pugin/ICRC

ANGOLA



ICRC medical team operating in Carmona's hospital.

Photo Pugin/ICRC

TIMOR



An ICRC delegate visiting prisoners of war in Dili.

TIMOR



In the infirmary at Dili, patients are treated by an Australian Red Cross doctor working for the ICRC.

Latin America

Chile

In September, ICRC delegates in Chile continued to provide assistance to detainees and their families. They visited 16 places of detention and saw 1,200 detainees held by the military authorities. They also provided prisons with material assistance worth 5,000 US dollars and distributed seven parcels of medicaments (140 kg altogether) from ICRC stocks in Santiago.

The assistance programme to needy families of detainees was continued. In September, basic foodstuffs and articles worth 9,700 US dollars were distributed to 1,300 families in the provinces and 474 in Santiago.

Ecuador

The ICRC regional delegate for the countries of the Andes was in Ecuador from 24 September to 13 October. During the first part of his stay, he met National Red Cross leaders, took part in a number of their meetings and attended a meeting of the Junior Red Cross.

After talks with the Vice-Minister for Foreign Affairs and the Director of Prisons at the Ministry of the Interior, the ICRC delegate visited three places of detention at Quito and one at Guayaquil, holding altogether over 2,300 detainees. In each of these prisons he spoke in private with detainees of his own choice.

The ICRC delegate availed himself of the opportunity to see for himself the use made of the medicaments sent by the ICRC and to note further needs.

Uruguay

The two ICRC regional delegates for the countries of the "Cono Sur" went to Uruguay at the beginning of October. On 6 October they met the Chief of Staff of the Uruguayan Armed Forces but were not granted authorization to carry out a further round of visits to places of detention.

One of the delegates returned to the ICRC regional delegation at Buenos Aires. The other visited the National Red Cross Committee at Tacaruembo and had talks with the Governor of Tacaruembo Province before going to Montevideo where he conferred with the Dean of the Faculty of Law concerning the dissemination of humanitarian law. He returned to Buenos Aires on 15 October.

Asia and Oceania

Timor

The action of protection and assistance undertaken by the ICRC in the Portuguese part of the island of Timor at the end of August, with the assistance of the Australian Red Cross, is continuing.¹ After contacting the parties to the conflict, the ICRC delegates received the facilities they needed to carry on their work.

Prisoners. — About 1,400 prisoners in fifteen camps have been visited by Red Cross delegates and doctors. After one visit, 25 prisoners were transferred to the Dili hospital for treatment. Relief distributions in September included 500 blankets, 600 toilet kits, cigarettes and under-clothing.

Medical teams. — Two Australian Red Cross medical teams are working at hospitals in Dili and Baucau. The first one has carried out 246 surgical operations and treated more than 3,600 patients. Both teams have gone out to Monatuto, Viqueque, Same, Bobonaro, Atabai, Maubara, Liquica, Atsabi and other places.

Relief. — With the Caribou aircraft lent until 4 October by the Australian Government, the ICRC was able to put into operation a programme of relief distribution to civilians immediately after its arrival. In the past few weeks, 265 kilograms of powdered milk, 400 kilograms of rice, 600 kilograms of baby food, sugar, protein-enriched biscuits and clothing for children were distributed.

Agency. — A Central Tracing Agency bureau is in operation at the ICRC delegation headquarters in Dili. Searches are under way for about 300 missing persons, a card file of lists of prisoners has been set up and a service has been organized for the exchange of family messages. Nearly 2,000 messages have been exchanged between members of dispersed families.

Refugees. — Nearly 40,000 persons fled the Portuguese region of Timor during the fighting and took refuge in the Indonesian region, where the Indonesian Red Cross has been making emergency relief distributions. An ICRC delegate visited Djakarta to discuss the situation with the National Society and then went to the Indonesian region of Timor to assess needs. As a result of this mission, the ICRC launched a new appeal on behalf of the refugees, on 15 October. The most vital

¹ *Plate.*

needs are for medicaments, vaccines, powdered milk, baby food, clothing and vehicles. The appeal, sent to 23 National Societies, asked for 300,000 U.S. dollars (825,000 Swiss francs) to cover needs up to the end of 1975.

Australia

The head of the ICRC delegation in Timor visited Australia from 23 to 27 September to meet leaders of the National Society and representatives of the Government, both of which gave quick and substantial assistance to the Timor action.

In Melbourne, the delegate was received by Sir Geoffrey Newman-Morris, President of the Australian Red Cross, and other officials. The talks dealt mainly with current activities in Timor by the ICRC and the Australian medical teams, in addition to future plans for action by the International Red Cross.

On 24 September, the ICRC delegate, accompanied by Mr. L. G. Stubbings, general secretary of the Australian Red Cross, was received by the Prime Minister, Mr. E. G. Whitlam. The delegate also met Mr. W. Morrison, Minister of Defence, and the director of the Department for South East Asia in the Ministry for Foreign Affairs. In these talks, the delegate thanked the Australian Government for its co-operation with the ICRC mission, in particular for making an aircraft available, and gave a detailed description of current activities in Timor.

Europe

Portugal

Mr. P. Gaillard, ICRC adviser, was in Portugal from 29 September to 8 October, and met representatives of the Portuguese Red Cross to discuss activities on behalf of repatriates from Angola.

On 5 October he was joined by Mr. A. Beaud and Mr. R. Carrillo, members of the relief divisions respectively of the ICRC and the League of Red Cross Societies. In conjunction with the Portuguese Red Cross, they made an assessment of needs and proposed a plan for relief distribution to the repatriates. It was also decided that the League would continue the action which had been started some weeks earlier by the ICRC in support of the Portuguese Red Cross.

Mr. Gaillard also visited two places of detention, the Lisbon penitentiary and the prison at Caxias. In co-operation with the Portuguese

Red Cross, the ICRC undertook relief activities for detainees and for detainees' families in need. On 7 October he was received by Admiral Pinheiro de Azevedo, Prime Minister and Minister of Defence, to whom he described the various ICRC activities in Portugal, Angola and Timor.

Middle East

Transfer operations took place under ICRC auspices on 13 and 15 October at UN point 512 on the El Qantara Road, enabling 560 persons to enter the occupied territories in Gaza and Sinai to visit their families and 830 others to cross the lines in the other direction to visit relatives in Cairo.

Lebanon

As a result of the fighting in Lebanon, the ICRC was asked to give emergency relief supplies, mainly medicaments, for victims of both sides. It launched a limited appeal for this purpose to National Societies which might wish to help.

Emergency medical supplies worth 165,600 Swiss francs—consisting of plasma, blood substitutes, physiological serum, antibiotics, surgical equipment and dressings—were given by the Red Cross Societies of Finland, Italy, the Federal Republic of Germany and Switzerland, as well as by the ICRC. The Swiss Government gave 10 tons of powdered milk worth 70,000 Swiss francs.

IN GENEVA

New Member of the International Committee

Mr. Herbert Lüthy was elected to membership of the Assembly of the ICRC at its meeting of 25 September 1975.

Mr. Lüthy, who was born in Basle in 1918, completed his primary and secondary education in German Switzerland. He pursued his higher studies at the Universities of Paris, Geneva and Zurich, specializing in history, Romance languages and French literature. In 1942, he took a doctorate in philosophy at Zurich University.

He then devoted most of his time to research, mainly in history, contributing papers to international journals and writing for newspapers of several countries. A number of important works from his pen have been published and one of his books, *Frankreichs Uhren gehen anders* (1954) has been translated into French, English and Italian. In 1959 the first volume of his study on *La Banque protestante en France* appeared, followed by the second volume two years later.

Subsequently, Mr. Lüthy also taught in institutions of higher education, at first at the *Ecole polytechnique fédérale*, and then at the University of Basle where he was appointed in 1971 professor of contemporary history and of the history of Switzerland.

The International Committee is particularly fortunate that it will be able to count on Professor Herbert Lüthy's assistance and counsel and that his vast culture and experience will be placed at the service of Red Cross work.

INFORMATION AND ICRC

In Contact,¹ Mr. Alain Modoux, head of the ICRC Press and Information Division, provides the following clarification on a subject of increasing importance.

The information policy of the International Committee of the Red Cross (ICRC) has two distinct sets of objectives which, on many occasions, are hardly reconcilable. First, ICRC information must support its operations to help victims of conflicts; this is “operational” information. Secondly, it must spread knowledge and understanding of the ICRC, or in other words create a certain public “image” of the Institution; this is “general” information.

“Operational” information is not an end in itself, but an essential support of ICRC operations, and a means of emphasizing the importance of Red Cross principles and humanitarian law. It also enables the ICRC to assert its position in the international community and mobilise the material, financial and logistical means it needs to conduct its operations.

One criterion : the interests of the victims

“Operational” information may be copious or scanty, according to the needs of the moment. Can it help to make action more effective, in the interests of the victims? This consideration will determine the attitude of the ICRC. Discretion is essential not so much regarding the

¹ Joint Publication of the ICRC and the League, No 5, 1975.

action of the ICRC, but regarding its field delegates' reports. These are passed to no authorities other than those directly concerned.

Accordingly, a certain discretion at the ICRC is more a working method of long-proven worth than a limitation on information. Nothing prevents the ICRC from publicizing fully its activities, and press conferences, interviews, news releases and information bulletins are prepared regularly for "mass media" which disseminate the gist of them throughout the world.

The ICRC frequently works in a highly political atmosphere which may be dominated by passion and violence (international conflicts, civil wars and internal unrest). This makes "operational" information an extremely delicate matter. It cannot be successful unless it makes allowance for national susceptibilities and anticipates the way in which they may be exploited by any of the adversaries, and unless it eschews polemics, which can do more harm than good.

"Operational" information must exactly describe ICRC activities in the field and at its headquarters, and avoid even the least contradiction or distortion of the facts. It can be part of the action itself. A press release can confirm or even replace a difficult diplomatic approach.

Operations and information are, therefore, closely interrelated. Their complementary character is reflected in the ICRC's organizational structure, in which the Press and Information Division is linked directly to the Executive Council, close to the direction of operations.

Long-term general information

Naturally, the ICRC seeks constantly to become better known to the public at large concerning its international action, its place in the community of nations, its work in developing and promoting humanitarian law, and its own organization, financing, etc. This is where "general" information comes in.

Understandably, the ICRC's general objectives are longer-term; in contrast with those of "operational" information, they do not depend on world events and are not conditioned by topics of current interest. General information uses a different language. It is conditioned to public opinion, requires novelty, and is a constant challenge to the information specialist.

INTERNATIONAL COMMITTEE

Over the last few years there have been extraordinary advances in audio-visual methods, and prospects for their use in general information are encouraging. Unfortunately results all too often depend on the funds available.

The ICRC is well aware of many changes in mass communication methods over the past few years, and does what it can to get the most for its money. Several projects have been carried out in close co-operation with the League of Red Cross Societies. The ICRC is endeavouring to provide a maximum of information in order to evoke positive interest in its humanitarian work.

IN THE RED CROSS WORLD

CANADA

The summer 1975 issue of Despatch, the Annual Report of the Canadian Red Cross Society for 1974, gives an account of the Society's activities and financial statements for the year. It is a review which conveys to the reader the extensive and important nature of the work carried out by the Canadian Society. The Report by the National Commissioner, Major General A. E. Wrinch, contains information on the various services and programmes: Blood Transfusion Service—Veterans' Services—Nursing—Health and Social Development Services—Sickroom Equipment Loan Service—Service for Seniors—Emergency Services—Homemaker Service—Outpost Hospitals and Nursing Stations—Women's Work—Volunteer Services—Youth—Water Safety—Public Relations—Campaign and Financial—International Affairs.

We quote below a passage in which the National Commissioner describes developments in the Blood Transfusion Service, one of the Society's most important sections:

... The past year has been a year of progress and an extremely busy one in blood with certain new programmes that had been planned earlier being brought into being, others were expanded, while yet others were under intense study. At the same time new records were set—the outstanding one being the collection of 1,000,924 units, the first time for a year's collections to exceed 1,000,000 ! This is truly an accomplishment in itself.

Another record was set in total miles driven which averaged over one and one-third per unit of blood. There is a wide variation between divi-

sions in the ratio of miles driven per unit of blood collected, a fact that should be studied for miles cost money. The geographical distribution of population obviously is an important factor in this problem but distant clinics with low attendance is another—and one that should be controllable at least to a degree.

The supply of the tissue-typing antisera for hospitals is one aspect of a full blood programme that has not been covered by the blood transfusion service and hospitals have always had to turn to commercial sources—a costly solution. A modest beginning was made in 1974 with a view to developing a capacity for the production of these antisera and also to perform platelet typing. This will be a costly undertaking and one that could not have been envisaged while Red Cross was bearing a percentage of the costs of the technical side of the programme. When agreement was reached for government to reimburse the Society for the full technical costs, the way was opened for us to undertake this work, to expand certain other existing activities, and to enter into new programmes. In a very few years the service will bear little resemblance to the one we knew even in recent years; there will be substantial benefit to the Canadian people as a result of the great lessening of financial constrictions.

While we had established a rare blood bank some years ago in the Tri-Service Medical Centre in Ottawa, it was in 1974 that two centres, Ottawa and Montreal, became fully operational in freezing blood—a move toward the day when all centres will have this capacity. Freezing will bring far greater flexibility and is the one process that can eliminate the local and temporary shortages that occur for a variety of reasons that are only too well known to us and to others in the field. Other technical benefits will accrue and the establishment of substantial freezing capacities in the centres, while expensive, will give great results. . .

BASIC HEALTH CARE FOR EVERYONE

In its September 1975 issue, International Review drew attention to the problem of the rising costs of providing health care, which in the developing countries have reached truly excessive levels. The article referred to the publication of a book following a symposium organized by the Henry Dunant Institute on this subject.¹ As pointed out by the reviewer of the book, Mr. B. Elliot, "the healthiness of the population dismally fails to improve in proportion to more spending on care". It is only through a better organization of care services to the community that it will be possible to provide care to the greatest number of people. "The problem of costs, now critical in several countries, is thus associated with larger questions."

It is this aspect, too, that was examined, among other questions, at a meeting of the League's Nursing Advisory Committee some months ago. In an article in Panorama,² extracts of which are reproduced below, Muriel Skeet, Nursing Adviser of the British Red Cross Society, explained what should be done and suggested what were the lessons to be drawn from that meeting. Red Cross nurses and nursing services, in most countries basically hospital oriented, should shift their sights towards the community. It was in the community, rather than in the specialized services and in "sensational" medical successes, that nursing personnel could contribute most effectively to the development of care and of better medical protection for the whole population.

"The magnitude of the world's health problems is difficult to comprehend. In spite of the strides in medicine and technology, the health status of millions of people remains low. This is especially so of the

¹ "The Health Care Cost Explosion: Which Way Now?", 1975.

² League of Red Cross Societies publication, Geneva, 1975/3.

majority of people living in the disadvantaged areas of many countries of the world.”

This statement was quoted by Dr. Aleya El Bindari Hammad, Scientist/Nursing and Public Health Officer, Division of Strengthening of Health Services, of the World Health Organization at the League's Nursing Advisory Committee Meeting held in Geneva, 17th-19th April.

Unfortunately the general picture of the world is of an expensive health industry catering not for the promotion of health, but for the unlimited application of disease technology. The very health services which should be contributing to the health status of people are obsessed by building and staffing disease-oriented institutions.

It is reported that in one sophisticated city, more than 70 per cent of all so-called health expenditure is used on people who are going to die within the next twelve months. Countries further down the development scale are imitating this perversion. In one developing country, 80 per cent of the health budget of one province is being used to support one teaching hospital, whilst on the periphery, one general-purpose dispensary is supposed to achieve complete health coverage for half a million people. These examples are not exceptional, they are ordinary. In addition, aspects contributing to human well-being such as education, communication, social organization, agriculture and community motivation and involvement have been neglected.

Health is not just the absence of disease and infirmity, it is, according to the definition adopted by W.H.O., a state of physical, mental and social well-being.

As one of the objectives of both the Red Cross movement and of the nursing profession is “the improvement of health, the prevention of disease and the mitigation of suffering throughout the world”, it is not surprising that at their meeting in 1973 members of the League's Nursing Advisory Committee expressed great concern on learning that 80 per cent of the world's population was still without health coverage. They considered it a matter of urgent importance to set up an Expert Nursing Group to consider ways in which the National Red Cross Societies could help meet this demand in their own countries.

A preliminary review began in 1973 and at the most recent meeting of the Nursing Advisory Committee the report prepared by that Expert Group was adopted.

At its final session the League's Advisory Committee recommended that each National Society should discover the health needs of its own

country. To do this, people themselves must be asked what they want or need; priorities or solutions should not be forced upon them. Often the needs are simple and basic. Analyses by teams of economists, engineers, sociologists, epidemiologists and the like are not required. Villagers know the needs themselves.

Having discovered the needs, plans must be made to meet them and the last pages of the Report set out suggested "Action Strategy".

The Nursing Advisory Committee endorsed the recommendation that the Red Cross should act as a catalyst and activator in the development of primary health care services.

It also recommended that the knowledge, experience and skills of the nurse be used at all levels of policy making and programme planning.

There was also a call for the co-ordination of all resources concerned with health care, including those outside the Red Cross as well as all professions and disciplines within it.

It emphasized the importance of doctors' and nurses' having a community-based education and becoming far less hospital-orientated. In the past, training of all health personnel was primarily related to medical and institutional care and was therefore irrelevant to tasks and functions outside institutional settings: emphasis was given to medical, rather than to overall health care. This had to be changed if the health status of people was to be raised.

M I S C E L L A N E O U S

SECOND ROUND TABLE ON CURRENT PROBLEMS OF INTERNATIONAL HUMANITARIAN LAW

A second Round Table on Current Problems of International Humanitarian Law was held from 3 to 6 September 1975 at San Remo (Italy), under the auspices and at the headquarters of the International Institute of Humanitarian Law.

The purpose of the informal meeting was to provide an opportunity for an exchange of views on the results of the second session of the Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts (Geneva, 3 February to 18 April 1975) and for a preliminary study of some of the problems to be considered at the third session of the Conference (Geneva, 21 April to 11 June 1976).

The Round Table gave its attention to the following questions:

- Rules relating to reprisals in the Additional Protocols to the Geneva Conventions of 12 August 1949.

The discussions on this subject provided a useful contribution to the study which the governments and the ICRC were requested to make for the third session of the Diplomatic Conference.

- Individual penal responsibilities provided by the Additional Protocols to the Geneva Conventions.
- The notion of lawful combatants in the light of Articles 1 and 42 of the draft Protocol I and in the light of the proposed amendments to Article 42.

At the second session of the Diplomatic Conference this article was the subject of a preliminary study by Commission III. A list of points at issue was drawn up in order to prepare the ground for discussions at the third session.

- Relations between draft Protocols I and II and prospect regarding draft Protocol II.

The Round Table meeting was the occasion for a Red Cross colloquium, chaired by Mr. K. Warras, Vice-President of the League of Red Cross Societies, on the references in the draft Additional Protocols to the Geneva Conventions, to the role and activities of the Red Cross and other humanitarian organizations.

In addition, a working group on the teaching of humanitarian law in military institutions met under the chairmanship of Mr. P. de La Pradelle, President of the Scientific Committee of the International Institute of Humanitarian Law. The working group approved a programme of lectures and the organization by the International Institute of Humanitarian Law of the three courses to be given in different towns in 1976.

Seventy experts from different parts of the world took part in the proceedings in their personal capacity. The ICRC was represented by Mr. J. Pictet, Vice-President, Mr. C. Pilloud, Director, Mr. J. Moreillon, Director of the Department of Principles and Law and Mrs. D. Bujard, Head of the Legal Division.

Meeting under the chairmanship of Professor H. Sultan, a member of the Egyptian Institute, the participants discussed the gratifying results achieved during the second session of the Diplomatic Conference and engaged in a useful exchange of ideas with a view to an early and successful outcome of the efforts under way to reaffirm and develop international humanitarian law.

S. J.

THE PREVENTION OF CRIME AND THE FIGHT AGAINST CRIMINALITY

The Fifth United Nations Congress on the *Prevention of Crime and the Treatment of Offenders* was convoked pursuant to a resolution passed by the United Nations General Assembly on 1 December 1950, which provided for such meetings every five years. The Congress took place in Geneva from 1 to 12 September. A representative of the ICRC attended as an observer.

About one thousand persons took part, representing 94 States, various liberation movements and specialized organizations. The agenda included the following points:

- I. *Changes in forms and dimensions of criminality—transnational and national*—It was considered that more active international cooperation would facilitate the prevention of crime.
- II. *Criminal legislation, judicial procedures and other forms of social control in the prevention of crime*—The main questions discussed under this heading dealt with the crisis in the criminal justice system, the criminal justice system in crime prevention, changes in judicial procedures and other forms of social control in the prevention of crime.
- III. *The role of the police and other agencies responsible for law enforcement*—In November 1974, the United Nations General Assembly called attention to the need for an international code of police ethics. Such a code does not yet exist, and the Congress therefore called upon the General Assembly to appoint an expert committee to study the matter and prepare, during the next year, a document for the consideration of appropriate organizations.
- IV. *The treatment of offenders in custody or in the community, with reference to the minimum rules*—The prisons in most parts of the

world are overcrowded—which does not facilitate the prevention and control of crime. It is generally recognized that the prison system, at this time, constitutes the only means of protection against dangerous individuals. Increasing dissatisfaction with prison as the principal method of correction has led to consideration of other possible ways for reintegrating delinquents into society. '

The Congress also considered the economic and social consequences of crime.

In November 1974, the U.N. General Assembly had asked the Fifth Congress to work out rules for the protection of all detainees against torture and other cruel, inhuman or degrading treatment. Consideration was given to arguments advanced by an *ad hoc* working party, and the Congress decided to submit to the next General Assembly a twelve-article declaration on torture which it had adopted unanimously.

IN MEMORY OF PHYSICIAN GENERAL VONCKEN

In June this year Physician General Jules Voncken died. He it was who, in 1921, founded and became Secretary General of the International Committee of Military Medicine and Pharmacy whose connection with the ICRC is well known, as is the importance of General Voncken's contribution to, inter alia, the dissemination of knowledge of the Geneva Conventions.

A ceremony in his memory took place on 10 October at the ICMMP headquarters in Liege. A number of speakers conveyed tributes from the WHO, the World Medical Association, the *Commission médico-juridique de Monaco*, the University of Liège, and other institutions. Dr. R. Käser, Chief Medical Officer of the ICRC spoke of General Voncken's services to medicine, international law and the cause of peace.

"His life-work was centered on the ICMMP, of which he was the moving spirit. In 1937 he was one of the experts invited by the ICRC to take part in the Commissions to deliberate on the revision of the Geneva Conventions of 1929... After 1949, General Voncken took a very active part in the development of humanitarian law. The ICRC, the International Committee of Military Medicine and Pharmacy, and the World Medical Association had together set up a working group for the study of questions of 'medical law'. This group met several times and did much constructive work."

The working group had tackled the question of defining the rules of medical ethics in time of war. "Those rules should be made widely known by the organizations concerned and by their members in peacetime, and should be restated immediately a war or similar situation occurs." Dr. Käser went on to mention another useful activity to which

General Voncken had devoted himself. "At the seminars for young army doctors, General Voncken, together with his old friend Brigadier Hans Meuli, dedicated himself to the advancement of knowledge of the Geneva Conventions. He was convinced that it was the mission of military doctors to make known, disseminate and put into practice the Geneva Conventions, and that the protection conferred by the Conventions on medical personnel contributed a great deal to alleviating the heavy burden of military doctors in wartime."

After expressing the ICRC's everlasting gratitude to General Voncken for all the good work he did so well and so wholeheartedly, Dr. Käser concluded: "He never spared any effort, if it was a question of advancing the cause and of spreading respect and knowledge of international humanitarian law throughout the world, and among military doctors in the first place."

THE PHILOSOPHY OF MAX HUBER

In last December's issue, *International Review* commemorated the centenary of the birth of Max Huber, publishing some of the personal recollections of Mr. Jean Pictet, vice-president of the ICRC and one of Mr. Huber's closest associates, and reprinting excerpts from Mr. Huber's work, *The Red Cross, Principles and Problems*. Elsewhere too, in the worlds of law and history, the centenary has not passed without notice, as shown by an abundance of evidence.

To mention only some of these works, we should like to draw attention first to a British radio broadcast by Mr. Geoffrey Best, professor at the University of Sussex, summarizing the main lines of Mr. Huber's thinking.

In Switzerland, Mr Paul Ruegger, honorary member of the ICRC, paid tribute to Max Huber and his work in *Schweizer Monatshefte* (1974-75, No. 9) on the occasion of the recent publication of "Denkwürdigkeiten" (Memoirs), containing texts written by Huber between 1907 and 1924.¹ The latter work also has a foreword by Mr. Ruegger along the following lines:²

Max Huber achieved an incontestably high place in the history of international law, which he enriched with many constructive thoughts and for which he provided an ethical and in some respects a sociological foundation. He rendered notable service, first as a member and then as President of the International Court of Justice.

"He will be remembered as well for his Red Cross activities, during a cruel period when organized barbarism presented a brutal menace to

¹ Orell Füssli Verlag, Zurich, 1974. This 373-page book is well illustrated and has an introduction and notes by Mr. Peter Vogelsanger.

² The extracts quoted are our own translation.

human rights; credit will be given to his prophetic vision of what could be achieved through new Conventions, resulting from a reaction against the terrible events of that time. Mention should also be made of his decisive part in formulating, drafting and developing the fundamental principles of the Red Cross. His influence is also to be found in the commentaries and memoranda he wrote, presented in the name of the ICRC, which he served as President from 1928 on, and in his own activities, always inspired by the noblest emotions, even amidst the most tragic events.”

“Max Huber was always inspired by his Christian faith, reflected in the words addressed to his colleagues when he assumed the presidency of the International Court in 1924: ‘Insofar as we dismiss all personal considerations in the accomplishment of our responsibilities, we find ourselves supported by a force that surpasses our own.’ These profound words could serve as a leitmotif for the work of Max Huber, offering a superb expression of the noble concept he had of duty towards one’s neighbour.”

We must be grateful to his family for making available to the public the thoughts he put down as the years went by about his life and activities. These will be invaluable to historians and jurists, now and in the future, as they are to all those for whom these ideas are a living reality.

“The reader will recognize from the very beginning the unusual qualities of this work which differs from everything else ever written by the author, in its concept, expression and style. This is what gives it its charm and value. In this spiritual testament, Max Huber maintains the calm tone of a conversation with his family, providing enlightenment enriched with anecdotes. He is uncompromisingly outspoken and abstains from all subjectivity. We recall the words of Giuseppe Motta in 1921, at the time of the election of the Swiss jurist, still a young man, as a justice of the Permanent International Court of Justice: “If there is any one thing in this exceptional man which surpasses his great intelligence, it is the high level of his conscience.” In him, the realism resulting from a profound and intuitive perception of what can be expected is allied to his idealism, which reaches out to distant horizons but abstains from flights of fancy.”

“These memoirs come to an end in 1924 when, with no initiative on his part, and indeed against his will, he attained apotheosis in the inter-

national juridical world by his election as President of the International Court of Justice. It would have seemed at that time, having risen to such eminence, that no further horizons were open to him. Destiny, however, decided otherwise. Over a period of more than three decades, he was called upon to render services of the very greatest importance to his country and to the international community; to take measures and make decisions which would contribute to saving thousands of persons and relieving their suffering. Shortly after the completion of his presidency at the Hague and following the death of Gustave Ador, he was called upon to become President of the International Committee of the Red Cross."

There are some matters which commentaries upon the works of Max Huber do not adequately illuminate. First of all, there is the universality of his thinking, evidence of which is found, for example, in his desire to understand problems which were unfamiliar to him. Finally, he showed a spirit of tolerance of such an elevated degree as to be found in very few of the great men of this time. This manifested itself in his efforts to understand as fully as possible the thinking of those who disagreed with him, even though he could not make this thinking his own.

"The character of this outstanding man reveals an uncompromising sense of justice, self-possession in the face of unforeseen difficulties, loyalty to his country and, after carrying out his duty conscientiously, a humble submission to destiny. Even though limited to the first fifty years of its author's life, this first volume is a storehouse of memories of the period it covers and a priceless source of ideas and inspiration. Reflecting the varied aspects of Max Huber's mind, this work discloses hitherto unknown events which took place at particularly difficult times during the first half of this century."

In addition, these memoirs offer explanations and suggestions on many points of interest to experts on international law. Political leaders and diplomats as well will find information of great value, with particular reference to the analysis of Switzerland's struggle to preserve its neutrality after the end of the first World War, when plans were being developed and gradually carried out for the organization of the international community.

The foreword, the gist of which is given above, is followed by an essay by Mr. Peter Vogelsanger, author of a well-known and remarkable book about Max Huber, whom he counted as a friend. In this essay,

entitled, *Max Huber and his Time*, the author shows the evolution of Max Huber's intellectual and spiritual development in a period when western civilization was undergoing profound transformations and international humanitarian law was assuming an ever-increasing role in the lives of nations. Beyond this, he felt the need for certain moral structures which he believed were essential in an evolving society and which must be maintained even in the face of an apparent decline in respect for law. Mr. Vogelsanger concludes: "If our world is not to go up in the flames of conflicts and wars, it must go back to the principles which Max Huber not only proclaimed but which he also lived, as a model for us all."

HUMANITARIAN ACTION AND NATIONAL SOVEREIGNTY

In its August 1975 issue, International Review published an article on the International Meeting on Humanitarian Law which had been held at Turin some weeks previously. It quoted the resolution adopted concerning the protection of refugees.

Mr. H. G. Beckh, President of the Association for the Study of World Refugee Problems (AWR), and formerly a delegate of the ICRC, has sent us the following article in which he mentions one of the main problems discussed at that meeting and the lessons which he considers should be drawn. Another resolution adopted at Turin referred to international relief actions in the case of armed conflicts and the assistance provided under the Geneva Conventions. The text of this resolution is reproduced below.

It is a sad fact that some international humanitarian actions, initiated with the aim of saving people's lives, have suffered delays or have even been called off because the authorities of the very country in need of assistance, or those of a country through which the relief would have to pass, objected.

It seems that this coolness on the part of the authorities was due to an exaggerated fear for their country's national sovereignty. Has not the time come for the re-appraisal of an excessively rigid notion of sovereignty? Is not such a reassessment desirable in the case precisely of a truly neutral and non-political international relief action, the smallest details of which would be communicated to the authorities who would thus have the opportunity to appreciate its humanitarian character for themselves? Moreover, it is important that governments should act with understanding, by scrutinizing in the shortest possible time the proposal put forward and swiftly communicating a reply, especially where human lives are at stake. Far from being prejudicial to the

interests of States, this would strengthen their government's prestige, not only within their boundaries but also abroad.

The International Meeting on Humanitarian Law, at Turin, attended by some fifty experts from about a dozen countries, adopted two resolutions, one of which referred to international relief actions. Although no mention was made of relief actions in the case of natural disasters, it is self-evident that the motives underlying the resolution apply just as much to international relief actions in time of peace.

*

“The International Meeting on International Humanitarian Law at Turin, 21 and 22 June 1975, under the auspices of the International Institute of Humanitarian Law,

Stresses the great importance of relief actions in international and non-international armed conflicts,

Underlines that all actions, if they are undertaken impartially and carried out without any adverse distinction, do not entail any form of pressure on the State in the territory of which the actions take place, and therefore do not in any way affect the sovereignty of that State,

The Meeting therefore expresses the wish :

- that States observe scrupulously the obligations regarding relief actions provided for by the fourth Geneva Convention of 12 August 1949, by accepting without delay the relief deemed necessary to save human lives,
- that new forms of aid, namely in the event of non-international conflicts, be the subject of provisions on the basis of the proposals made in the draft Protocols to the Geneva Conventions which are in the course of elaboration and that States accept these new provisions without reservations,
- that States which are not bound by Conventions dealing with these matters or in cases not expressly provided for in the Conventions, be willing to accept the relief offered by the Red Cross and/or other international organisations, as appropriate,
- that States enact appropriate measures ensuring effective international co-operation in this field and facilitating relief actions.”

AMNESTY INTERNATIONAL COUNCIL MEETING

The International Council of Amnesty met in St. Gall, Switzerland, from 12 to 14 September 1975. It was attended by 200 delegates from national sections.

The work of the Council Meeting, under the chairmanship of Mr. Dirk Börner (Federal Republic of Germany), was related to all Amnesty International's efforts for the benefit of persons imprisoned for their beliefs.

Special attention was given to the organizing of the campaign against torture, to Amnesty's work on that question during the Fifth U.N. Congress on Crime Prevention and the Treatment of Delinquents, and to Amnesty's continued action to induce the United Nations and governments to have torture abolished.

The ICRC was represented by three observers.

SPIRITUAL ASSISTANCE AND INTERNATIONAL HUMANITARIAN LAW

The theme for the Third Colloque de Besançon on human rights in France was: "Problems of men in uniform". Under the title Droit de l'aumônerie, droit de l'assistance spirituelle,¹ a French priest, Mr. Jean-Luc Hiebel, discussed the condition of military chaplains, the right to receive spiritual assistance and the scope of international law regarding this question. He also referred to the different texts of international law that were relevant to spiritual assistance. This part of his paper (translated by the ICRC) will no doubt be of interest to our readers and is reproduced below.

A period in history darkened by armed conflicts in Europe determined the introduction in international law of the notion of spiritual assistance.

Prior to 1949, various *international acts* laid the foundation for the right to spiritual assistance: the Project of an International Declaration concerning the Laws and Customs of War, drawn up at the Brussels Conference of 1874; the Oxford Manual of 1880 (the laws of war on land); the Conventions of 29 July 1899, with respect to the Laws and Customs of War on Land (with the Annex, Regulations respecting the Laws and Customs of War on Land), and for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention of 22 August 1864, drawn up and submitted for ratification at the First International Peace Conference at The Hague in 1899; the Geneva Convention of 6 July 1906 for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field; the Conventions of 18 October 1907, respecting the Laws and Customs of War on Land (with the Annex, Regulations respecting the Laws and Customs on Land), concerning Bombardment by Naval Forces in Time of War, and for the Adaptation to Maritime

¹ See *Annuaire français des droits de l'homme*, Vol. I, 1974.

Warfare of the Principles of the Geneva Convention, drawn up and submitted for ratification at the Second International Peace Conference at The Hague in 1907; the Oxford Manual of 1913 (the Laws of Naval War governing Relations between Belligerents); the Geneva Conventions of 27 July 1929, for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field, and relative to the Treatment of Prisoners of War; a draft Convention adopted at Monaco in February 1934 (towns and hospital localities).

In those texts, reference is made to chaplains, buildings devoted to religious services, the death of belligerents and prisoners of war, and the exercise of religious duties.

Chaplains are "inviolable" (art. 7, Convention for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention of 22 August 1864). They "shall be *respected and protected* under all circumstances. If they fall into the hands of the enemy they shall not be treated as prisoners of war" (art. 9, Geneva Convention of 1906, restated in the Geneva Convention of 1929 for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field). Their neutrality was reaffirmed in the law of war (art. 13 of the "laws of war on land" in the 1880 Oxford Manual) while they are "so employed and so long as there remain any wounded to bring in or to succour". Ministers of religion, who are prisoners of war, whatever may be their denomination, *shall be allowed freely to minister to their co-religionists* (art. 16, Geneva Convention of 1929 relative to the Treatment of Prisoners of War). Not only the person of chaplains but also the material they employ in giving spiritual assistance are protected: "In sieges and bombardments all necessary steps should be taken to spare as far as possible *edifices devoted to religion*, art, science, and charity... provided they are not used at the same time for military purposes". (Regulations respecting the Laws and Customs of War on Land. Annex to the Hague Convention of 1899, art. 27).

The juxtaposition of religion, art, science and charity is revealing; it indicates a very wide concept of spiritual assistance. Article 56 of the Regulations attached to the 1907 Hague Convention points to the link between the protection of religious buildings and the right to own property.

Burial is often accompanied by a religious rite. Soldiers who die on the field of battle or in captivity are *entitled to be "honourably interred"* (art. 4, 1929 Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field; art. 76, 1929 Geneva Convention relative to the Treatment of Prisoners of War).

The right of prisoners to enjoy every *latitude in the exercise of their religion, including attendance at their own church services*, is affirmed (art. 18, Regulations annexed to the Hague Convention of 1889, revised in 1907).

The Geneva Conventions of 12 August 1949, at present in force, did not introduce any new clauses in this field. The provisions are very much similar to the earlier ones, and those in respect of spiritual assistance protect the religious personnel rather than lay down any specific right to spiritual assistance:

First Convention, arts. 4, 6, 7, 9-12, 15, 17, 24, 28, 30, 31, 40, 47.

Second Convention, arts. 5-7, 9-12, 18, 20, 36, 37, 42, 48.

Third Convention, arts. 4, 16, 18, 33-38, 71-73, 76, 80, 98, 108, 120, 125.

Fourth Convention, arts. 13, 17, 23, 24, 27, 30, 31, 38, 53, 56, 58, 76, 86, 93, 94, 103, 130, 139.

In the case of armed conflict not of an international character, a provision laying down minimum rules is contained in article 3 common to the four Conventions.

THE NURSE'S ACTIVITY

*Under the title : "Pour un nouveau portrait de l'infirmière", L'Hôpital à Paris (No. 28, 1975) published an article from the pen of a former nurse who, from personal experience, well knows the psychological make-up of the nurse. The subject is of interest to the Red Cross, for in a number of countries it is under the red cross emblem that nursing schools and hospitals operate. We therefore think the following extracts may be found useful.*¹

In the course of her career, the nurse should have a choice of field of activity, training periods and programmes, promotion and function.

The new nurse should be prepared, soon after her basic studies, to act as a sister and instructor. Early in her career she will place her knowledge and skill at the service of the team with which she works.

The shortage of nurses continues to be a source of concern, in spite of the present favourable supply and demand. Can it be remedied by recruiting more student nurses and opening more nursing schools? Can we be sure that young people will continue much longer to agree to devote years to training and to the care of patients under conditions which are often trying? Can much be expected in the way of improved working conditions and advantages of various kinds?

How do we nurses see ourselves; what do we think, propose and do?

We are mindful of our country's needs in the health service, of the priorities set by the authorities, and of the shortcomings in the means to achieve objectives. Aware of the necessity of achieving equilibrium among the various health sectors, and of planning the action to be taken, we are not selfishly absorbed in our sphere of limited responsibility. We keep our minds open to anything which may favourably influence the situation in the health services. We demand a high level of intellect

¹ Our translation.

and feeling for the present and future generations of nurses. We ask to make our contribution to decisions affecting our vocation, to play a role recognized as specific to the structures and functioning of medical institutions. However, is it not unwise to demand quick solutions in a context which does not lend itself to them, to accept grudgingly momentary stresses, and especially to ask others to change their points of view and attitudes ?

When we look at what happens at home and abroad, we see identical trends and phenomena which could be kept in mind for reconsideration of the problem of nursing in France. These relatively recent factors are:

1. the mobility of newly trained staff;
2. the concern to acquire specialized nursing skill, and
3. the increase in the number of auxiliaries who give impetus to the development of the graduate nurse's duties and hence her basic training.

The nurse's mobility.— Young nurses move from departments, shifts, hospitals, towns and even countries, to others to satisfy personal or family desires, to seek better working conditions, and also to broaden their vocational and social experience. This phenomenon, more feared than hoped for by administrative, medical and nursing management, should be seen more as a source of personal fulfilment and enrichment for the profession. Indeed, for most people, change, whether by inclination or compulsion, is an investment for success. The circles in which they move benefit. In addition, when they achieve their objective they feel that they are free, that they have fulfilled themselves and matured.

More than one move at a time in a single institution need not be feared. There are also periods of stability in the career of young nurses. Moreover, everyone knows that the desire for change diminishes with age and promotion.

So we must encourage both mobility of the young and stability of their elders who have reached a stage where they assume higher responsibilities. This concept if well applied would make it possible to improve nursing care and job satisfaction.

Senior nurses of today should be able to help the less stable staff to become accustomed to the care given and the habits acquired by each department, and to constantly and rapidly changing techniques. Everyone should devote some time to lifelong study.

Administrative conditions for a change of employer, timetable, town or occupation could be made less strict without aggravating the present situation. Whether a nurse works here or there, full time or

part time, in the public or the private sector, at home, in various local collective enterprises or in a paramedical school, she contributes to the improvement of health. Less rigorous requirements must really be considered. A wide range of choice would be an incentive to many nurses not to drop out at an early stage and would no doubt bring back to the fold some young graduates who had earlier rejected the idea of settling down in one place and job.

But how do we nurses react to change? We do not like changes in a good crew. We are reluctant, in particular, to lose good colleagues. Like most, we retain our prejudices, attributing to some forms of nursing or teaching a greater value than to others. For example, are we not inclined to esteem the nurse in resuscitation more highly than the one in geriatrics or home nursing? Do we not tend to consider that only in the intensive care section of the larger hospitals does the nurse truly exercise her profession. Our influence does not add to the value of every nursing sector; it often creates rifts among nurses through ignorance of problems. We also miss opportunities of exchanging points of view in meetings of our professional association, and of jointly planning our actions. At the same time, we are drifting away from the reality of nursing.

The acquisition of specialized nursing skill.— Basic training and lifelong education of nurses are today furthered by substantial facilities offered in the way of organization, subject matter and methods, and financial assistance. At the end of her studies, the young graduate nurse will have certainly acquired knowledge and techniques enabling her to assume, without much difficulty and without any great risk to those under her care, a post in one of the branches of the medical services.

On the other hand, this training will not, and is not supposed to bestow upon her any competence in a particular sector, or even in a specific branch such as medicine, surgery or pediatrics. In the past, while it was possible to switch over from one sector to another and from one branch to another without any harmful consequences to patients or staff, the rapidity with which specialized knowledge and techniques tend to become obsolete means that, today, truly up-to-date efficiency can only be acquired in the limited sphere within which one is daily active. Without, therefore, suggesting the creation of over-specialized nurses, we would like to see graduate nurses, in the two or three years after obtaining their state certificate, direct their attention to a specific branch (medicine, surgery, pediatrics, psychiatry, and so forth) and improve their technical, theoretical and practical knowledge in the one which they may have chosen. This advanced training period would depend on the branch chosen, but should in no case exceed six months.

A nurse who is more fully trained would feel more at ease when working in any one of the units to which she may have been posted, would be more highly esteemed by the medical and administrative staff and, consequently, would be happier in her work. She would be more willing to take over the responsibility for the care administered by herself and her colleagues and to train other members of her unit.

In the case of nursing school instructors, the advantage of having received additional practical training is that they will have assimilated skills and techniques before teaching them to their pupils. It is a cardinal rule that every teacher and instructor should be fully accomplished in a particular skill before being taught how to pass it on to others.

All nursing staff should be given the opportunity of further education in a selected field. The great advantage of such lifelong education is that it prevents nurses from settling down to mere routine work and gradually losing the capacity to use their brains, while for those wishing to continue to work as nurses, it assists the process of their promotion to more responsible posts.

Of course, current opportunities for changing from one field of activity to another would be maintained: a nurse who has worked for a number of years in her specialization could, if she wished, train for a senior post in a higher training institute in order to become a supervisor in a department or an instructor in a nursing institute. Later on, some of those would reach senior appointments (general supervisors, senior sisters, heads of paramedical schools) after going through a still more advanced training course.

In this way, the difference between the top and the bottom of the nurse's career, which until now has been fairly small would be dependent on criteria whereby promotion would be associated with the choice and assiduity of the person in question.

Such measures could certainly contribute to keeping the younger nurses in their vocation.

But we nurses have to ask ourselves whether we would agree that the standards be modified and agree to relinquish our former tasks to persons capable of carrying them out under our supervision as well as we can. Will we have the courage to go through a painful transition period? There will be increasingly numerous activities connected with medical care and more duties to be performed. More and more staff will have to be made rapidly available. What kind of choice could or should be made? Even though we continue to turn out a large number of qualified nurses, should we not rid ourselves of the traditional image of the nurse and confer upon ourselves a new role closer to that of an organizer or

the head of a unit. After having completed the course leading to this new kind of nurse, she would be answerable for what she does and gets others to do. At the same time, she would very rapidly put herself, her knowledge and her skills at the disposal of her unit, the better to meet its needs, integrate all the categories of its personnel and employ each one's abilities. Thus, very early in her career, she would be brought in contact with each one's function within a working team and with her own role as an instructor at the head of a nursing unit.

On the level of techniques, it is also undeniable that nurses perform tasks which constantly intrude upon so-called medical acts. Some of the latter could be formally assigned to the nurses while other duties performed by nurses could be entrusted to assistant nurses.

BOOKS AND REVIEWS

Military medicine as a branch of medicine, N. Ivanov, *International Review of Medical Services*, No. 6, 1975.

... Dialectical connections between general and military medicine become apparent through the methods of investigation. Using the general methodology of medical science, military medicine possesses particular methods to satisfy the requirements of subject peculiarities. The latter at the same time determine the independence of military medicine as a branch of knowledge and a type of medical practice. Essential connections among military medicine, general medicine and military science are in their reciprocal enrichments with scientific results and experience.

Close connection with military affairs let military medical personnel realize medical after-effects of modern war in full distinctness and that together with the humane character of their activities strongly stimulate their fight for peace.

The role of the military surgeon in international life, Dr P. Dorolle, *International Review of Medical Services*, No. 6, 1975.

Physicians of the armed forces are, by vocation and training, oriented towards epidemiological studies and collective prevention, and prepared to lead mass action according to adequate strategic and logistic planning. These are the characteristics of international health action and the prerequisites of its success. No wonder that, since the time of the Paris "Office international d'Hygiène" and of the Health Organization of the League of Nations, and now in the World Health Organization, surgeons and also pharmacists of the Armed Forces, either in active service or retired, have occupied and are still occupying posts of importance either in the governing bodies of the international agencies or in their secretariats.

In conclusion it is suggested that in the interest of international health, Governments should—as some already do—give necessary facilities to officers of the medical services of their Forces who might have an opportunity to serve the international health institutions in various capacities.

Health services, *Bulletin, WHO, Geneva, 1974.*

The statistical analysis revealed that those who made extensive use of the health services were generally more literate than those who did not, and that sociocultural and economic differences existed between the two categories. In the urban and rural households studied, frequent users of the services were in general better acquainted with the means of preventing communicable diseases. On the other hand, respondents who lived in rural zones—particularly those who rarely made use of the services—complained that relations between physicians and patients and the care and medicosocial advice provided were both inadequate.

The study suggests that the utilization of health services may be regarded as an indicator of modernization and, hence, that improvement in health may depend not only on the impact of the health services but also on the process of change in society. This is an important issue for almost 80% of the world's population and shows that the future development of health and education must be linked with overall development, of which community primary health care would form an integral part. This would entail adapting health and other aspects of development—such as education, agriculture, environmental health, and transport—to the needs of populations.

With food and justice for all, *Unesco Courier, Paris, N° 5, 1975.*

Feeding mankind is a complex activity, whose context has varied during the course of history and has evolved in response to changing local conditions. There can be no doubt that food production must be raised, but as an integral part of a system leading to the marketing of produce which itself is warranted only if food reaches the consumer. Food consumption is dependent in turn on purchasing power, which determines demand, and purchasing power depends on income and employment.

In fact, the problem is so complex that one may reasonably wonder whether there is any hope of ever reaching a satisfactory solution. For though the above conditions are necessary, they are not enough. Food production has its own limitations: the environment, the availability of land for farming, soil exhaustion, farming techniques, water, fertilizers, land ownership systems, storage conditions, etc. We must simplify existing systems and must never lose sight of the fact that the ultimate objective is to feed mankind.

Food supply must be properly planned and the food situation correctly analysed. We are beginning to do this, and we could do it better if nations had the political will to act. Techniques for evaluating the various limiting factors would enable us to define choices, options and policies, which, when other factors, national and international, are taken into account, would enable us to formulate global policies and priorities.

By adopting this approach we might hope to see the birth of an era of equitable food distribution, an era of understanding and control of world food supply problems.

Failing this, people will continue to become alarmed, rightly or wrongly, every time they hear that some countries have millions of tons of excess food, while others have equally massive deficits, without it being clear who is most in need of aid and, above all, without anything having been done to tackle the basic causes of this injustice.

International Nursing Review, *Geneva*, No. 5, 1975.

The message seems clear. In a period of change and transition, research and research findings are essential to building a sound foundation in nursing. In the words of Simpson, "Research represents investment professions traditionally make". Research is the chief means of expanding the scientific boundaries of a discipline. Each profession has the responsibility to carry forward research activities which will provide the bases for the professional practice of its members. Each profession, through its community of practitioners, educators, administrators and researchers, must determine its own goals and the most appropriate means of achieving these goals for the greatest good of society.

Finally, there is need for governmental policy and long range planning in nursing education generally, and specifically in the preparation of nurses in the emerging field of research. We cannot escape from this truth if we wish to progress along with the other disciplines around us.

EXTRACT FROM THE STATUTES OF
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

ADOPTED 21 JUNE 1973

ART. 1. — *International Committee of the Red Cross*

1. The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

2. It shall be a constituent part of the International Red Cross.¹

ART. 2. — *Legal Status*

As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — *Headquarters and Emblem*

The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be *Inter arma caritas*.

ART. 4. — *Role*

1. The special role of the ICRC shall be :

- (a) to maintain the fundamental principles of the Red Cross as proclaimed by the XXth International Conference of the Red Cross ;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition ;
- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions ;

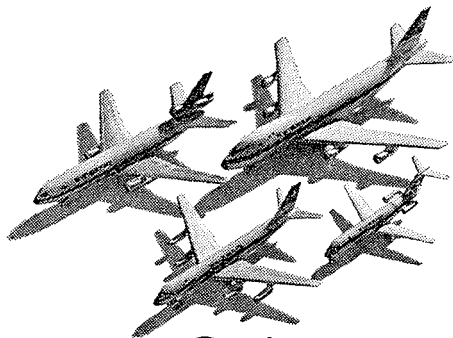
¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife ; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties ;
- (e) to ensure the operation of the Central Information Agencies provided for in the Geneva Conventions ;
- (f) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities ;
- (g) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension ;
- (h) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

2. The ICRC may also take any humanitarian initiative which comes within its role as a specifically neutral and independent institution and consider any question requiring examination by such an institution.

ART. 6 (first paragraph). — *Membership of the ICRC*

The ICRC shall co-opt its members from among Swiss citizens. It shall comprise fifteen to twenty-five members.



Only big countries have big airlines.

SO NATURALLY AN airline from a little country like Swissair confines itself to 79 destinations. Forty of those are in Europe, which after all means only the fourth closest-meshed European network.

True, Swissair flies several times daily from Europe to North America, but it hasn't managed anything bigger than a Douglas DC-10-30 or a Boeing 747 B yet.

And the handful of African cities (17, to be exact) that Swissair serves can't obscure the fact that

the competing airline with the most destinations in Africa flies to a few cities more.

Not to mention the Far East, to which Swissair flies but once a day. (Even the exclusive nonstop flights between Bombay and Tokyo and between Athens and Bangkok hardly make up

for this.) As you can see, it's no picnic being the airline of a small country; so we won't even talk about our flights to South America.

Why don't you just ask a Swissair office or an IATA travel agency for our time table, and you'll appreciate the pickle we're in.

And here are the remaining handful of places where you'll find a Swissair representation.

Ahldorf	Boston	Firenze	Lagos	Montreal	Santiago
Akra	Brussels	Frankfurt	Lahore	Moskva	Sao Paulo
Albany	Bucaresti	Geneve	Libreville	Mulhouse	Singapore
Alexandria	Budapest	Genova	Lima	München	Stockholm
Alger	Burns Abies	Glasgow	Lithoa	Nagoya	Strasbourg
Amsterdam	Buffalo	Göteborg	London	Nairobi	Stuttgart
Antwerpen	Cairo	Grenoble	Los Angeles	Newark	Sydney
Athléal	Cape Town	Hafja	Lyon	New York	Tehran
Atlanta	Caracas	Hamburg	Madras	Nice	Tel Aviv
Auckland	Casablanca	Hannover	Madrid	Nicosia	Tokio
Bagdad	Chicago	Hartford	Malaga	Nürnberg	Torino
Bangkok	Cincinnati	Helsinki	Malmö	Osaka	Toronto
Barcelona	Cleveland	Hongkong	Manchester	Oslo	Tripoli
Basel	Colombo	Houston	Manila	Palma de Mallorca	Tunis
Beirut	Dakar	Innsbruck	Marseille	Paris	Warszawa
Belgrad	Dallas	Istanbul	Melbourne	Philadelphia	Washington
Berlin	Dar es-Salaam	Jerusalem	Mexico City	Praha	Wien
Bern	Delhi	Johannesburg	Miami	Rawalpindi	Zagreb
Birmingham	Detroit	Karachi	Milano	Rio de Janeiro	Zürich
Bogotá	Düsseldorf	Khartoum	Milwaukee	Roma	
Bombay	Dublin	Kinshasa	Minneapolis	Rotterdam	
Bonn	Düsseldorf	Köln	Monrovia	St. Louis	
			Monterideo	San Francisco	



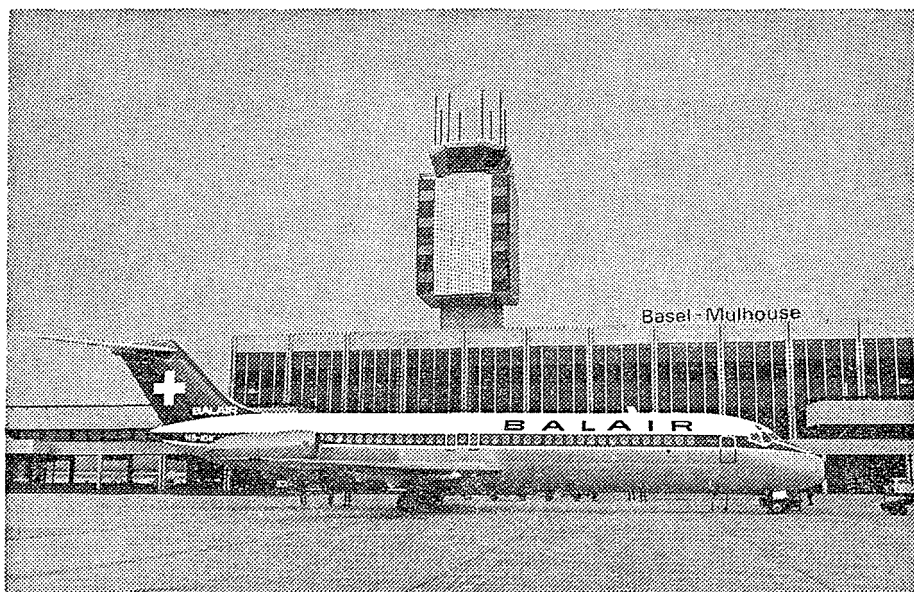


THE ONLY 747s FLYING EAST

AIR-INDIA Boeing 747s fly to New York from Paris, Frankfurt, Rome and London with very convenient connections from Geneva. Like other airlines. But unlike others, AIR-INDIA are the first to operate BOEING 747 FLIGHTS to the EAST. AIR-INDIA give passengers their first ever chance to fly eastwards on a Boeing 747 aircraft.

AIR-INDIA

Geneva, 7, Chantepoulet, Phone (022) 32 06 60



BALAIR

ADDRESSES OF NATIONAL SOCIETIES

- AFGHANISTAN — Afghan Red Crescent, Puli Artan, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga e Barrikadave, *Tirana*.
- ALGERIA — Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINA — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122 Flinders Street, *Melbourne 3000*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna 4*.
- BAHRAIN — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BANGLADESH — Bangladesh Red Cross Society, Amin Court Building, Motijheel Commercial Area, *Dacca 2*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, 1050 *Brussels*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515, *La Paz*.
- BOTSWANA — Botswana Red Cross Society, Independence Avenue, P.O. Box 485, *Gaborone*.
- BRAZIL — Brazilian Red Cross, Praça Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. Biruzov, *Sofia 27*.
- BURMA (Socialist Republic of the Union of) — Burma Red Cross, 42 Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMBODIA — The new address of the Red Cross Society is not yet known.
- CAMEROON — Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto, Ontario, M4Y 1H6*.
- CENTRAL AFRICAN REPUBLIC — Central African Red Cross, B.P. 1428, *Bangui*.
- CHILE — Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65, Apartado nacional 1110, *Bogotá D.E.*
- COSTA RICA — Costa Rican Red Cross, Calle 14, Avenida 8, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, 118 04 *Prague I*.
- DAHOMY — Dahomean Red Cross, P.O. Box 1, *Porto Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, DK-1471 *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Apartado Postal 1293, *Santo Domingo*.
- ECUADOR — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia, 118, *Quito*.
- EGYPT (Arab Republic of) — Egyptian Red Crescent Society, 34 rue Ramses, *Cairo*.
- EL SALVADOR — El Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente, *San Salvador, C.A.*
- ETHIOPIA — Ethiopian Red Cross, Ras Desta Damtew Avenue, *Addis Ababa*.
- FIJI — Fiji Red Cross Society, 193 Rodwell Road, P.O. Box 569, *Suva*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 168, 00141 *Helsinki 14*.
- FRANCE — French Red Cross, 17 rue Quentin Bauchart, F-75384 *Paris*, CEDEX 08.
- GAMBIA — The Gambia Red Cross Society, P.O. Box 472, *Banjul*.
- GERMAN DEMOCRATIC REPUBLIC — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, DDR 801 *Dresden 1*.
- GERMANY, FEDERAL REPUBLIC OF — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, *Accra*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3a Calle 8-40, Zona 1, *Ciudad de Guatemala*.
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, 1a Avenida entre 3a y 4a Calles, N° 313, *Comayagüela, D.C.*
- HUNGARY — Hungarian Red Cross, V. Arany János utca 31, *Budapest V*. Mail Add.: 1367 *Budapest 5*, Pf. 249.
- ICELAND — Icelandic Red Cross, Noatun 21, *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 110001*.
- INDONESIA — Indonesian Red Cross, Jalan Abdul Muis 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Av. Villa, Carrefour Takhté Djamchid, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12 via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 29-12 Shiba 5-chome, Minato-Ku, *Tokyo 108*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St. John's Gate, P.O. Box 40712, *Nairobi*.
- KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA, REPUBLIC OF — The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1350, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LESOTHO — Lesotho Red Cross Society, P.O. Box 366, *Maseru*.

- LIBERIA** — Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB REPUBLIC** — Libyan Arab Red Crescent, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN** — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBOURG** — Luxembourg Red Cross, Parc de la Ville, C.P. 1806, *Luxembourg*.
- MALAGASY REPUBLIC** — Red Cross Society of the Malagasy Republic, rue Clémenceau, P.O. Box 1168, *Tananarive*.
- MALAWI** — Malawi Red Cross, Hall Road, *Blantyre* (P.O. Box 30080, Chichiri, *Blantyre* 3).
- MALAYSIA** — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI** — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MAURITANIA** — Mauritanian Red Crescent Society, B.P. 344, Avenue Gamal Abdel Nasser, *Nouakchott*.
- MEXICO** — Mexican Red Cross, Avenida Ejército Nacional n° 1032, *México 10 D.F.*
- MONACO** — Red Cross of Monaco, 27 boul. de Suisse, *Monte Carlo*.
- MONGOLIA** — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan Bator*.
- MOROCCO** — Moroccan Red Crescent, B.P. 189, *Rabat*.
- NEPAL** — Nepal Red Cross Society, Tahachal, P.B. 217, *Kathmandu*.
- NETHERLANDS** — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND** — New Zealand Red Cross, Red Cross House, 14 Hill Street, *Wellington 1*. (P.O. Box 12-140, *Wellington North*.)
- NICARAGUA** — Nicaraguan Red Cross, *Managua, D.N.*
- NIGER** — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA** — Nigerian Red Cross Society, Eko Aketa Close, off St. Gregory Rd., P.O. Box 764, *Lagos*.
- NORWAY** — Norwegian Red Cross, Parkveien 33b, *Oslo*. Mail Add.: *Postboks 7034 H-Oslo 3*.
- PAKISTAN** — Pakistan Red Crescent Society, Dr Daudpota Road, *Karachi 4*.
- PANAMA** — Panamanian Red Cross, Apartado Postal 668, Zona 1, *Panamá*.
- PARAGUAY** — Paraguayan Red Cross, Brasil 216, *Asunción*.
- PERU** — Peruvian Red Cross, Jirón Chancay 881, *Lima*.
- PHILIPPINES** — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila D-406*.
- POLAND** — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL** — Portuguese Red Cross, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- ROMANIA** — Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei 29, *Bucarest*.
- SAN MARINO** — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA** — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL** — Senegalese Red Cross Society, Bd Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE** — Sierra Leone Red Cross Society, 6A Liverpool Street, P.O.B. 427, *Freetown*.
- SINGAPORE** — Singapore Red Cross Society, 15 Penang Lane, *Singapore 9*.
- SOMALI REPUBLIC** — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.
- SOUTH AFRICA** — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg 2000*.
- SPAIN** — Spanish Red Cross, Eduardo Dato 16, *Madrid 10*.
- SRI LANKA** — Sri Lanka Red Cross Society, 106 Dharmapala Mawatha, *Colombo 7*.
- SUDAN** — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN** — Swedish Red Cross, Fack, S-104 40 *Stockholm 14*.
- SWITZERLAND** — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, *3001 Berne*.
- SYRIAN ARAB REPUBLIC** — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA** — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND** — Thai Red Cross Society, Paribatra Building, Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO** — Togolese Red Cross Society, 51 rue Boko Soga, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO** — Trinidad and Tobago Red Cross Society, Wrightson Road West, P.O. Box 357, *Port of Spain, Trinidad, West Indies*.
- TUNISIA** — Tunisian Red Crescent, 19 rue d'Angleterre, *Tunis*.
- TURKEY** — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA** — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UNITED KINGDOM** — British Red Cross, 9 Grosvenor Crescent, *London, SW1X 7EJ*.
- UPPER VOLTA** — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY** — Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*.
- U.S.A.** — American National Red Cross, 17th and D Streets, N.W., *Washington, D.C. 20006*.
- U.S.S.R.** — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, I. Tcheremushkinskii proezd 5, *Moscow B-36*.
- VENEZUELA** — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM, DEMOCRATIC REPUBLIC OF** — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Triệu, *Hanoi*.
- SOUTH VIET NAM** — Red Cross of the Republic of South Viet Nam, Hồng-Thập-Tu street, 201, *Saigon*.
- YUGOSLAVIA** — Red Cross of Yugoslavia, Simina ulica broj 19, *Belgrade*.
- ZAIRE (Republic of)** — Red Cross of the Republic of Zaire, 41 av. de la Justice, B.P. 1712, *Kinshasa*.
- ZAMBIA** — Zambia Red Cross, P.O. Box R.W.1, 2837 Brentwood Drive, *Lusaka*.